United Nations CRC/C/SR.2124

Convention on the Rights of the Child

Distr.: General
28 June 2016

Original: English

Committee on the Rights of the Child
Seventy-second session

Summary record of the 2124th meeting
Held at the Palais Wilson, Geneva, on Monday, 30 May 2016, at 3 p.m.

Chair: Ms. Winter (Vice-Chair)

Contents

Consideration of reports of States parties (*continued*)

Combined third to fifth periodic reports of Bulgaria (continued)

This record is subject to correction.

Corrections should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent *within one week of the date of the present document* to the English Translation Section, room E.6040, Palais des Nations, Geneva (trad_sec_eng@unog.ch).

Any corrections to the records of the public meetings of the Committee at this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

GE.16-08682 (E) 210616 280616

1608682

Please recycle

In the absence of Mr. Mezmur, Ms. Winter, Vice-Chair, took the Chair.

The meeting was called to order at 3 p.m.

Consideration of reports of States parties (*continued*)

Combined third to fifth periodic reports of Bulgaria (continued) (CRC/C/BGR/3-5; CRC/C/BGR/Q/3-5 and Add.1)

1. *At the invitation of the Chair, the delegation of Bulgaria took places at the Committee table.*

2. **Ms. Micheva-Ruseva** (Bulgaria) said that in 2014, according to the Prosecutor's Office, 54 persons had been convicted of engaging in sexual intercourse with a child under the age of 14, and 143 persons had been convicted of cohabiting with a child under the age of 16. In the first half of 2015, 39 persons had been convicted of engaging in sexual intercourse with a child under the age of 14, and 84 persons had been convicted of cohabitating with a child under the age of 16.

3. Her delegation would provide the Committee with a translation of an ordinance on the protection of children which set forth a detailed definition of violence. Regarding the tradition of "salting" newborn babies, the practice was not at all common in Bulgaria. It was confined to certain regions and was not a tradition associated with the Roma community.

4. **Mr. Danyanov** (Bulgaria), replying to the question raised concerning bullying in schools, said that a national mobile group of psychologists responsible for providing crisis intervention treatment for students at risk of becoming victims of violence operated throughout the country.

5. **Mr. Madi** (Country Rapporteur) said that the number of adults convicted of having had sexual intercourse with a child or living with a child under 16 years of age seemed very high, especially given that, as a general rule, only around 10 to 20 per cent of such offenders were ever actually convicted. What was the term of imprisonment for those offences and were they sufficient to act as a deterrent?

6. **Ms. Oviedo Fierro** said that the Committee would be interested in learning more about what was being done to support families who experienced problems such as addiction and mental and emotional disorders. What action was being taken to monitor situations where children could end up being left without parental care? The Committee was keen to learn about training provided to parents and teachers in order to help them guide children to use social networking websites safely.

7. **Ms. Micheva-Ruseva** (Bulgaria) said that the sentence for the offence of having had sexual intercourse with a child under the age of 14 was between 2 and 6 years of imprisonment. The sentence for cohabitation with a child under the age of 16 was up to 2 years of imprisonment, probation or community service. The punishments were therefore severe enough to function as a deterrent. Nonetheless, the Government believed that education was the key to combating those practices: it was necessary to raise public awareness of the problem and increase efforts to reduce school dropout rates.

8. **Ms. Kaneva** (Bulgaria) said that the Government now focused its efforts on supporting the family as a unit, as it acknowledged that the previous approach — targeting adults and children separately — had been ineffective. Social services operating at the community level were provided to families at home or in family-type placement centres. Mobile services were also provided, especially when there was a member of the family with disabilities. The Government would endeavour to raise awareness of the dangers of social media and would consider carrying out a campaign on that subject in the near future.

9. **Ms. Micheva-Ruseva** (Bulgaria) said that juvenile justice reforms were necessary given that the Law on Counteracting Antisocial Behaviour of Juveniles and Minors dated back to 1958 and was outdated. The approach had been to place children under the age of 14 years who committed an offence in closed institutions. Following official visits, it had been discovered that some of those institutions were not providing an adequate education to the children. The educational programme was not properly adapted to their needs, as they had different levels of ability and understanding, and there was also a shortage of staff. The facilities were not achieving their objective of preparing the children to successfully reintegrate into society. There had also been instances of child abuse, that had resulted in the closing of one institution in 2014. There were plans to close down existing institutions for children under the age of 14 years and reform the remaining institutions.

10. In response to concerns about the closed facilities, the Government had entered into consultations with the non-governmental organizations working in the area of education and juvenile justice in Bulgaria to seek their input on how to reform the system. With support from the United Nations Children's Fund (UNICEF), a new, modern juvenile justice code had been drafted in accordance with international standards. It was essential to train professionals to implement the new code properly and, for that reason, the Government had carried out training activities for all parties involved in dealing with children, such as judges, prosecutors, police officers and social workers.

11. Having child-friendly spaces in all district courts in Bulgaria was a priority for the Government. It planned to set up 28 so-called blue rooms outside the courtrooms and to provide for videoconferencing in courts that lacked such child-friendly spaces for interviewing children. The restorative justice approach was just now being introduced in Bulgaria. Challenges to be met in order to incorporate it more fully into the justice system included providing proper training to mediators and changing society's way of thinking about justice.

12. Child labour was an issue that affected all countries in the European Union, and Bulgaria would continue to work to tackle the problem. Directive 2011/36/EU of the European Parliament and of the Council, on preventing and combating trafficking in human beings, and Directive 2011/92/EU of the European Parliament and of the Council, on combating the sexual abuse and sexual exploitation of children and child pornography, had both been incorporated into the Bulgarian legal framework. The relevant amendment to the Criminal Code had entered into force in September 2015.

13. **Ms. Ayoubi Idrissi** said that the Committee would like to learn more about the sexual assaults that had occurred in closed institutions. Had they been investigated and had the perpetrators been convicted? Was there a standardized approach to addressing the problem of sexual violence throughout Bulgaria?

14. **Ms. Micheva-Ruseva** (Bulgaria) said that the cases of sexual assault had been investigated but there had been no prosecutions. The institution where the abuse had taken place had been closed down. There was a protocol in place for dealing with sexual violence in all closed institutions in Bulgaria. The protocol had been amended in 2015 and there were plans for further amendments once new closed institutions had been opened. Concerning the question raised about the increase in hate speech, it was not government officials as such but rather certain political party leaders who had used the sensitive issue of refugees in order to advance their parties' interests. Open adoption was not practised in Bulgaria and was not recognized under the law. An adoption committee was responsible for overseeing adoptions and matching children with families.

15. The one women's prison in Bulgaria was equipped with special obstetric facilities. Women who gave birth in prison and their children were provided with all the necessary medical and dental care.

16. **Ms. Khazova** said that the Committee would like to know if the State party was planning to take measures to make adoption more appealing to Bulgarians in order to increase the number of children adopted nationally, rather than internationally.

17. **Ms. Madi** asked whether women who gave birth in prison were allowed to keep their child with them and, if so, up until what age. In cases in which a woman had other children, were they allowed to visit their mother in prison?

18. **Ms. Aho Assouma** said that she would like to know more about how the adoptive family environment was monitored after the child had been placed with a family.

19. **Ms. Micheva-Ruseva** (Bulgaria) said that it was important to try to increase the number of children adopted within Bulgaria. There were numerous reasons why Bulgarians tended not to adopt children, such as an aversion to adopting Roma children, children with special needs or older children. To address that issue, the Government would work on changing societal attitudes towards adoption. The situation of children in all national and international adoptions was monitored for a period of two years, and post-adoption visits to assess the child's progress and development were required at least once every six months. Women who gave birth in prison were able to keep the baby with them until the child reached the age of 1 year. Children were able to visit their mothers in prison and a special facility had been constructed for that purpose. Although discrimination was not generally experienced by children whose parents were in prison in major cities, in rural areas, it was possible that such a problem existed.

20. **Ms. Kaneva** (Bulgaria) said that a number of campaigns on the issue of child trafficking had been carried out. The most successful of those campaigns had involved prominent figures who had helped raise awareness of the problem. Such campaigns would continue to be supported in the future. Concerning the quality of all forms of alternative care, there were a number of steps taken, mainly coordinated by the State Agency for Child Protection, to monitor each service provider of alternative care, in accordance with the Social Assistance Act. There was also a strict procedure in place to obtain licences to provide social services to children. Both municipalities and private sector providers were able to apply for the licence and, as of May 2016, there were 214 such licensed providers of social services for children.

21. Turning to the concern about the participation of children in decision-making, she said that all services provided to children were based on an individual care plan, following an assessment that involved the child. The child's opinion must be taken into consideration in drafting the care plan and, once the plan was approved, the social service provider monitored its implementation at least once every three months.

22. **Ms. Ayoubi Idrissi** asked how private providers of social services were financed. Did they provide services to children who had been abandoned by their parents? Was the care plan mentioned applicable to all children who were assisted by a social service provider?

23. **Ms. Kaneva** (Bulgaria) said that all children benefited from the social care plan, as the requirement to draft such a plan applied to all children in social care and to all service providers.

24. **Ms. Aho Assouma** said that she would like to know what role municipalities played in providing social services.

25. **Ms. Kaneva** (Bulgaria) said that municipal authorities were a key partner in providing social services to children. The mayor of each municipality was responsible for promoting and protecting the rights of children. In those regions where there were few non-governmental organizations that provided social services, the municipality acted as a

service provider. In all cases, public and private sector service providers were well regulated and monitored.

26. Although it was true that there was a problem in providing appropriate services for the children of women detainees, numerous non-governmental organizations had established good practices in different regions of the country in that regard and the Government would continue to direct efforts towards establishing a national mechanism to provide such services. In 2015, there were fewer than 55 children aged between 10 and 14 years in detention in Bulgaria.

27. Child labour was forbidden in Bulgaria, and a National Plan Against the Most Severe Types of Child Labour had also been developed. Permits were required to employ children between the ages of 16 and 18 years, and 2,605 such permits had been issued in 2015. In 2015, 89 instances of violations of the prohibition against employing children had been identified.

28. A number of special centres to care for children living on the street had been set up in Bulgaria. They covered half the country and were concentrated in areas with high numbers of street children. The centres aimed to reunite the children with their families, if possible, and to provide them with education and health services. Commissions had also been set up to coordinate the work of the police, municipalities and courts in protecting children living on the street.

29. Although there were not enough specialized centres for child victims of human trafficking, there was a good network of social service, rehabilitation and social integration centres. There were also crisis centres that specialized in the social reintegration of trafficked women and girls. The budget for such centres was sufficient for them to carry out their work.

30. **Mr. Madi** said that he wished to learn more about how foreign victims of trafficking were assisted in Bulgaria, especially regarding access to accommodation, education and health care.

31. **Ms. Kaneva** (Bulgaria) said that, when they were children, foreign victims of trafficking were treated in the same way as Bulgarian victims. They were initially housed in a crisis centre for a period of six months, where they were provided with psychological and social support and had access to health care and education. Children were always required to attend school. In cases where local schools would not accept foreign children due to concerns about language barriers, for example, another school was found, in collaboration with social service providers.

32. **Mr. Madi** said that the he would like to know what happened after the initial six-month stay in the crisis centre.

33. **Ms. Kaneva** (Bulgaria) said that, after the first six months, the child was able to stay for another six-month period if necessary. After that, the child would move on to a rehabilitation centre or a residential care centre, or would be placed with a foster family or adopted by a family. The first six months were used to get to know the child and explore suitable options with them.

34. **The Chair** asked if, during the first six-month period, attempts were made to contact the child's parents.

35. **Ms. Kaneva** (Bulgaria) said that it was mandatory to attempt to contact the parents of the child during the first six months. Turning to the subject of support provided to families, she said that the Government made it possible for them to receive financial benefits under four different laws, namely the Child Protection Act, the Social Assistance Act, the Law on the Integration of People with Disabilities, and the Family Allowances for

Children Act. Different types of support centres had been set up, including 120 community centres, to provide services to families throughout Bulgaria. Some of the social assistance centres were funded by the State, such as centres for community support and rehabilitation centres, while others were run by non-governmental organizations. One specific project, which had proved successful, had targeted families living in rural communities and entailed setting up a social assistance centre to improve access to employment, health care and education.

36. There were 147 child protection departments under the administration of the Agency for Social Assistance, employing over 700 social workers, active across Bulgaria. Their workload was often heavy; however, by fostering collaboration between child protection departments and local social service providers, the Government had enabled the social workers to better manage the number of cases received. In divorce proceedings, for example, the child protection department would be required to provide a report to the courts following an assessment of the best interests of the child. In order to assist them in conducting their research and drafting their report, the child protection departments were able to request the assistance of social service providers. The budget allocated to the child protection departments in 2016 was around 6 million euros.

37. **Mr. Gurán** asked whether the separation of children from their biological families for economic reasons was explicitly prohibited.

38. **Ms. Kaneva** (Bulgaria) said that it had been common practice in the past to remove children from poorer families but it was now understood that that usually was not in the child's best interests. Children were still sometimes removed from their family setting but they were placed in family-type placement centres in which there was a friendly atmosphere and only a small number of children. Great efforts were made to help the parents improve their economic situation — for example by providing them with additional social support by assisting them to obtain the benefits they were entitled to. The local community support centre, when alerted by the child protection department, helped the parents improve their parenting skills. The support of the extended family might also be sought.

39. **Ms.** Petya **Dimitrova** (Bulgaria) said that child mortality was declining, even though, at 7.6 deaths per thousand live births (2014), the rate was still high by European Union standards. The main causes of death were conditions originating in the perinatal period and congenital anomalies. The State provided all children with health insurance coverage, but adults were insured by their employers or had to make other arrangements. Uninsured mothers were not deprived of care, however: for example, in the period 2011 to 2015, nearly 33,000 women had attended mobile medical units for a medical examination. Her country's approach to dealing with HIV/AIDS and tuberculosis was described in detail in the report and the replies to the list of issues.

40. **Ms. Aho Assouma** asked whether the health statistics that had been provided by the delegation also covered children from vulnerable groups, such as Roma children. The vaccination rate seemed rather low for that group. She would appreciate an answer to her question regarding premature births. Early pregnancy among girls in relationships with adult men was also an issue.

41. **Ms. Dimitrova** (Bulgaria) said that the law had been amended to allow uninsured women to attend hospital for medical examinations. Hospital deliveries were free of charge for all women regardless of their insurance status. Numerous campaigns had been conducted to raise awareness among the Roma population of health risks such as those associated with a failure to vaccinate children. Those campaigns were not ad hoc but ongoing; some were conducted by NGOs but the majority were State-run and involved the Ministry of Education, the Ministry of Health, health mediators and the police.

42. **Ms. Aho Assouma** enquired whether ambulance services and medicine were free of charge. She would like to know whether hospitals still routinely separated newborn babies from their mothers.

43. **Ms. Dimitrova** (Bulgaria) said that the practice of separating babies from their mothers had been discontinued.

The meeting was suspended at 4.35 p.m. and resumed at 4.50 p.m.

44. **Mr. Damyanov** (Bulgaria) said that the majority of children with special needs were educated in mainstream schools; out of a total of 15,000 special-needs children, only 2,200 were in special schools. The procedure for evaluating children's needs was triggered by a request from the parents, whereupon the local Support Centre for Personal Development conducted an assessment and made a recommendation to the Regional Inspectorate of Education, which took the final decision. Children with special needs who were in mainstream schools received additional support from specialists and resource teachers, and each child had an individual education plan containing personal development goals. Everything was done to keep children in mainstream schools and reduce the numbers being sent to special schools. Annual budget allocations were 2,000 leva per child with special needs, 7,000 leva for those who required residential schooling and 8,500 leva for children with sensory disabilities. As part of the Strategy for Reducing Early Dropouts from the Education System, two years of preschool were provided for children who did not speak Bulgarian. Textbooks were provided free of charge to children from socially disadvantaged families as a means of promoting school attendance.

45. **Mr. Cardona Llorens** said that it was important for the delegation to report on the challenges that faced the State party as well as on its achievements in order to help the Committee to formulate relevant recommendations. The Committee was aware, for example, that there were problems with inclusive education in Bulgaria.

46. **Mr. Gastaud** (Country Rapporteur) said that he would like to hear in greater detail about the measures being taken to cut the dropout rate and school absenteeism, given the magnitude of the problem in the State party.

47. **Mr. Damyanov** (Bulgaria) said that the attainment of inclusive education did indeed present problems, as it required enormous inputs of resources. It was difficult to find enough specialists to fill the need for speech therapists, for example. Many parents believed that their child should have an individual personal assistant, but that was simply not possible. It was hoped that the planned new legislation on preschool and school education would have the effect of making sufficient resources available.

48. School dropout was a major problem, particularly among minority groups. The early warning and intervention system was designed to alert parents to the problem and to encourage dialogue among stakeholders such as social service providers and the corresponding Child Protection Department. An action plan was in place for the coming years.

49. **Ms. Kaneva** (Bulgaria) said that, as of April 2016, some 6,300 children were in kinship-based care. They included around 2,500 children whose parents had gone to work abroad. Some were registered as having been officially placed with relatives but, even if they were not, the State was aware of their existence and they were duly monitored; that was possible because all adults saw it as their responsibility to alert child protection departments or call the children's hotline if they learned that a child had been abandoned or was being subjected to abuse. Bulgaria was a small enough country for such a system to work well.

50. A proper review of foster care would be carried out in 2016. The foster care system had been introduced in 2009 so was still quite recent. It seemed to be most successful in

smaller towns and communities. Placement in friends' families was another option. Recruitment of foster parents was coordinated by the child protection departments in collaboration with employment agencies, although NGOs were the main recruiters. Pilot campaigns were under way in selected municipalities to attract applicants. Basic training was provided chiefly by social service providers but, in addition, every foster parent received tailor-made coaching. Although the system had proved very successful, fostering had not worked in every case and several children had had to be taken back into residential care.

51. Great care was taken in selecting foster parents in order to avoid recruiting individuals who were interested in the activity mainly as a form of paid employment. Not only were Roma children accepted into foster families but there were also foster parents who were Roma.

52. **Mr. Tehov** (Bulgaria) said that Bulgaria fulfilled all its obligations as a State party to the 1951 Convention relating to the Status of Refugees and its 1967 Protocol. Bulgaria had been unprepared for the surge in mixed migration flows that had occurred in 2013, but it had since fully restored its protection system. It was true that barbed wire had been put in place along the border. Its purpose was to prevent illegal entry into the country, not to stop asylum seekers; there were crossing points at regular intervals to permit entry to anyone wishing to seek protection under the 1951 Convention.

53. All children identified as unaccompanied minors were treated as children at risk. The police informed the Social Assistance Directorate of the arrival of such a child, and a representative of the Child Protection Department attended the initial interview, at which the child was given age-appropriate information about how to submit an application for international protection and what other protection measures were available under the Child Protection Act. Children who decided to avail themselves of international protection were immediately referred by the border police to the State Agency for Refugees (SAR) for status determination; all relevant documentation, including on their health status, was also handed over.

54. Unaccompanied minors seeking international protection were accommodated in SAR registration and reception centres; in the rare cases when urgent measures were needed, police protection could be provided in specially adapted premises for up to 48 hours, after which the child was transferred to SAR or to the Social Assistance Directorate. Children might also be placed with foster families or in social assistance accommodation.

55. Each child was assigned a social protection worker who acted as legal guardian, with responsibility for looking out for the child's interests and protecting his or her rights under the 1951 Convention and under the Child Protection Act and for representing them in proceedings before the various agencies concerned. The provision of assistance was not dependent on refugee status. Refugee children had access to education and extracurricular activities.

56. Unaccompanied minors were never placed in any facility against their will. They were entitled to free legal assistance and, since they were deemed to be children at risk, had the same rights as Bulgarian children who were without parental care. In addition, they could be returned to their own country only if the grounds for granting refugee status had ceased to exist; such a case had never arisen. In 2016 to date, 540 unaccompanied minors had applied for asylum; the figure for 2015 was 940. As to the identification of children as victims of trafficking, social protection staff were trained to spot the signs of trafficking but the system was not foolproof.

57. **Mr. Madi** asked how unaccompanied minors who entered the country illegally were treated. It was his understanding that the social worker who was assigned to a minor could not strictly be deemed a guardian, as a guardian must be duly qualified to take care of the

child. He would like to know how the State party identified unaccompanied minors entering from Turkey, which was a non-Schengen State, and whether there were interpreters at the border with Turkey. Did children have any choice as to whether they stayed at the reception centre or not? He would be interested to learn how the State party managed to meet its obligation under international law to treat such children in the same way as its own nationals if they did not know the language.

58. **Mr. Tehov** (Bulgaria) said that children who had entered the country illegally were treated in the same way as those who had entered legally, but, naturally, they could only be dealt with at all if their presence in the country was discovered. At the start of the migrant influx, it had been difficult to find interpreters and it had been necessary to enlist anyone with appropriate skills, but now there were interpreters at the border. It was true that children had difficulty integrating into schools, but language courses were provided. The children were not obliged to stay in the centres but could go to foster families and, if necessary, into residential care. The assigned social workers were properly trained to carry out the duties of a guardian and represent the child in all legal proceedings, if necessary with specialist legal support, in accordance with the law governing those appointments. The assignment was one-to-one and, in cases where the social worker did not speak the child's language, interpreters were available.

59. **Ms. Kaneva** (Bulgaria) said that she was not aware that breastfeeding was an issue. There was no policy against breastfeeding or in favour of milk substitutes. Indeed, the Ministry of Health stipulated that the labelling on any substitute product must state that mother's milk was best for children. Special support for breastfeeding mothers was provided at the new community centres for 0-3-year-olds.

60. **Ms. Micheva-Ruseva** (Bulgaria) said that the two Optional Protocols to the Convention ratified by Bulgaria had been incorporated into domestic law.

61. **Ms. Dimitrova** (Bulgaria) said that, with regard to HIV/AIDS, health education was a part of the mainstream school curriculum, and Bulgaria and the Global Fund to Fight AIDS, Tuberculosis and Malaria had worked together on actions and campaigns that had reached some 200,000 children and young people. For those who were most vulnerable to such health risks, 18 youth clubs had been opened across the country and had facilitated peer-to-peer training for around 7,000 youngsters. Free tests for HIV and tuberculosis were available at special medical centres.

62. **Ms. Aho Assouma** asked how the State party dealt with mother-to-child transmission and whether there was access to antiretroviral treatment. She would like to hear about the approach taken to abortion in the context of adolescent health.

63. **Ms. Dimitrova** (Bulgaria) said that information campaigns were conducted on early pregnancy, abortion, sexually transmitted diseases and mother-to-child transmission. Every expectant mother was tested for HIV at the hospital in order to ascertain whether the child was at risk so that appropriate steps could be taken under the special HIV/AIDS programme.

64. **Ms. Kaneva** (Bulgaria) said that she had no figures on male circumcisions conducted in hospital or at home. As to children's mental health, Bulgaria had only 16 child psychiatrists. Efforts were being made to make the medical universities aware of the need for more qualified psychiatric practitioners, without much success to date. The issue was not a lack of investment but a lack of interest in child psychiatry. She would be interested to know how other States addressed that problem. There were many clinical psychologists, however, who worked closely with social workers and were employed in every social service agency.

65. **Ms. Khazova** said that in Europe there was a growing tendency to overmedicate children with behavioural problems such as attention deficit disorder or hyperactivity.

Overdiagnosis was a major problem in Western countries and a matter of serious concern to the Committee. The situation pointed to a real need for properly qualified child psychiatrists.

66. **Ms. Kaneva** (Bulgaria) said that the way her country dealt with such behavioural problems was to use a combined social-medical approach for coordinating the work of psychologists and other therapists. That approach was the preferred method of treatment for children with such problems in the education system.

67. **Mr. Madi** said that the Committee appreciated the delegation's openness and clarity in replying to the numerous questions and in acknowledging the existence of issues that the State party needed to tackle. More work was needed on follow-up to the Committee's recommendations on implementation of the Optional Protocols, and the reform of the juvenile justice system needed to be expedited.

68. **Ms. Micheva-Ruseva** (Bulgaria) said that she wished to thank the Committee for its frankness. The dialogue would help her Government in assessing its progress and identifying areas for improvement.

The meeting rose at 6 p.m.